

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11 / 08 / 2017		BESTSELLER CAFE	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	10:00 AM	10:30 AM	CUP & SAUCER, INC.	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170000957		SUITE 119, GPO, TAMUNING	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
STALL STAND				7	647-7233	0	2
				No. of Repeat Risk Factor/Intervention Violations			
				0			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Maria Camacho

DEH Inspector (Print and Sign) LEILANI WATKINS

Date: 11-8-17

Follow-up (Circle one): YES NO Follow-up Date N/A

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ESTABLISHMENT NAME BESTSELLER CAFE		LOCATION (Address) SUITE 119, GPO, TAMUNING
INSPECTION DATE 11 / 08 / 17	SANITARY PERMIT NO. 170000957	PERMIT HOLDER CUP & SAUCER, INC.

## TEMPERATURE OBSERVATIONS

[illegible]

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 10/31/17, WHICH RESULTED IN A GRADE/RATING OF 13/B.

ALL PREVIOUS VIOLATIONS OF ITEMS NO. 6, 34, 40, 41, 45, 48, AND 52 WERE CORRECTED AND NO NEW VIOLATIONS WERE OBSERVED.

RETRIEVED "B" PLACARD NO. 00880.

POSTED "A" PLACARD NO. 02539.

BRIEFED PIC, MAY CAMACHO, ON ABOVE INFORMATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)	Mary Camacho M Camacho	Date:	11-8-17
DEH Inspector (Print and Sign)	KEILANI NAVAREO	Date:	11/08/17

## RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS  
Facsimile No. (671) ~~734-5556~~ 300-9577

FROM: BESTSELLER CAFE  
ESTABLISHMENT NAME

CUP & SAUCER, INC.  
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 10/31/17 by L. NAVARRO  
Date Name of Environmental Public Health Officer

resulting a letter grade of 13/B. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
1	Person in charge always on schedule
6	Re-train employee on sanitation (wash hands)
8	Location now has backup batteries
20	Hot dog now in chill case all items being checked for temperature
34	Containers now labeled and dated
38	Wiping cloths in sanitizing solution
40	Replaced ice scoop with hanging one. Purchased additional scoops to not reuse.
41	Moved safe to another location
45	Test strips available and using
48	Seal around three compartments in sink
52	Cleaning all around daily

I am requesting a re-inspection of this establishment on 11-08-17 at 10 am at your earliest convenience.

If you should have any questions, please call me at 687-3325 Thank You.

May Camacho  
PRINT NAME

MCamacho  
SIGNATURE

11-6-17  
DATE